



Authorization for Release of Information

Applicant/Participant Information

Name:		Phone:		Email:			
Social Security Dat or ID Number:		e of Birth: MM DD YYYY		-	Illinois County of Residence:		
Address:							
City:			State:			Zip:	
Requestor Contact Information If you are not the Applicant/Participant, attach the appropriate legal documentation assigning you as the Applicant/Participant's Legal Representative.							
Name:		Phone:		Email	:		
Address (if different from Applicant/Participant above):				•			
Relationship to Participant:	Self	ver of Attorney	☐ Guardian		Other (explain):		
Information Requested: List the information you are requesting (e.g. specific type of information, specific time frames, specific provider, etc.)							
Purpose of Authorization: List why you are authorizing the release of this information (e.g.: proof of services, possible litigation, etc.)							
Send the Information to:							
☐ Applicant/Participant	☐ Requestor (at	address above)	□ Name and Ad	ldross o	of Person, Organizat	ion or Agency:	
(at address above)	□ nequestor (at	address above)	inallie allu Au	iuiess C	n r eison, Organizat	ion of Agency:	
Send as:			Paper Documents v	via USF	PS		
Release Authorization: I, the Applicant/Participant or the Legal Representative listed above, authorize the Illinois Department on Aging (IDoA) to release the requested information to the individual or entity listed for the purposes described. I understand that this authorization expires one year from the Date of Authorization and that I may revoke this authorization at any time by sending a written notification to IDoA at an address listed below. If I revoke the Authorization, it will not affect any information released before the revocation was received by IDoA. I also understand that the person receiving this information may disclose the information which may affect my protection under federal or state law.							
Printed Name		Signature			Date of Authorization		

Send this form and the required Legal Representative supporting documentation to: IDoA Office of General Counsel, One Natural Resources Way, Springfield, IL, 62702-1271 or email to: Aging.Subpoenas.Authorizations@illinois.gov